

(Classification)

**OFFICE OF THE SECRETARY OF DEFENSE
REQUEST FOR CONTRACTED ADVISORY AND ASSISTANCE SERVICES (CAAS)**

(If additional space is required, attach separate sheet and identify by block number)

1. OSD/OJCS REQUESTING ACTIVITY ANNUAL PLAN NUMBER		3. IS THIS A CONTRACT MODIFICATION, RENEWAL, OR EXTENSION? <i>(X one)</i> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">NO</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">YES <i>(Specify and cite appropriate contract number and contract title)</i></div>		
2. DATE OF SUBMISSION <i>(YYMMDD)</i>				
4. PROJECT TITLE		5. PROJECT SECURITY CLASSIFICATION		
6a. COGNIZANT OFFICER/CONTRACT OFFICER'S TECHNICAL REPRESENTATIVE (COTR)				
(1) NAME <i>(Last, First, Middle Initial)</i>		(2) ROOM NUMBER	(3) PHONE NUMBER	
b. CONTRACT OFFICER REPRESENTATIVE (COR) <i>(Applicable only if FFRDC (FCRC))</i>				
(1) NAME <i>(Last, First, Middle Initial)</i>		(2) ROOM NUMBER	(3) PHONE NUMBER	
7. BUDGET/PROGRAM DATA				
a. ESTIMATED AMOUNT OF PURCHASE <i>(Attach computation/cost proposal)</i>		b. FISCAL YEAR OF DOLLARS: FY		
		c. PROGRAM ELEMENT: PE		
d. TYPE OF APPROPRIATION <i>(X appropriate block)</i>		e. OPTION-YEAR CONTRACT (O&M \$ ONLY)		YES NO
(1) O&M	(2) PROCUREMENT	f. INCREMENTALLY FUNDED (RDT&E \$ ONLY)		YES NO
(3) RDT&E	(4) OTHER FUNDS <i>(Specify)</i>	g. FOLLOW-ON ANTICIPATED		YES NO
h. FUNDS TRANSFER INFORMATION <i>(X and complete one or more as applicable)</i>				
	(1) MILITARY INTERDEPARTMENTAL PURCHASE REQUEST (MIPR) FROM:	<i>(Original copy of MIPR must be attached or previously sent to WHS Budget and Finance Directorate.)</i>		
	(2) MILITARY INTERDEPARTMENTAL PURCHASE REQUEST (MIPR) TO:	<i>(Provide name of organization, complete mailing address, name of POC, and phone numbers.)</i>		
	(3) INTERAGENCY AGREEMENT (IA) OF MEMORANDUM OF UNDERSTANDING (MOU):	<i>(Attach copy of IA or MOU with name of organization, complete mailing address, name of POC, and phone numbers.)</i>		
8. APPROPRIATION AND ACCOUNTING CLASSIFICATION				
9. COORDINATION				
a. TYPED NAME <i>(Last, First, MI)</i>	b. OFFICE DESIGNATION	c. FAX NO.	d. DATE	e. INITIALS
(1)	OSD Study Coordinator			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
10. APPROVING OFFICIAL				
WHEN THIS FORM IS USED TO PROCURE CONTRACT SERVICES OUTSIDE THE GOVERNMENT, I CERTIFY THAT NO DOD OR GOVERNMENTAL SOURCES ARE AVAILABLE OR ADEQUATE TO PERFORM THE PROPOSED WORK.				
a. TYPED NAME <i>(Last, First, MI)</i>	b. TITLE	c. SIGNATURE	d. DATE SIGNED <i>(YYMMDD)</i>	
11. DIRECTORATE FOR BUDGET AND FINANCE (WHS), PROGRAM REVIEW VERIFIED AND PROPERLY CHARGEABLE.				
a. TYPED NAME <i>(Last, First, MI)</i>	b. TITLE	c. SIGNATURE	d. DATE SIGNED <i>(YYMMDD)</i>	

(Classification)

12. STATEMENT OF WORK

13. TERMS OF CONTRACT, SCHEDULE OF PERFORMANCE, REPORTS AND SERVICES TO BE DELIVERED, OR SERVICES TO BE ACQUIRED BY GOVERNMENT.

14a. IS THIS PROCUREMENT IN RESPONSE TO *(X one)*

(1) TECHNICAL REQUEST

(2) UNSOLICITED PROPOSAL

(3) OTHER *(Specify)*14b. IS THIS PROCUREMENT *(X one)*(1) COMPETITIVE *(Attach list of suggested sources in block 15.)*

(2) FFRDC (FCRC)

(3) SOLE SOURCE *(Identify contractor in block 15 and attach written justification.)*

15. RECOMMENDED SOURCES IF COMPETITIVE. IF SOLE SOURCE, LIST NAME AND ADDRESS OF CONTRACTOR.

16. DEFENSE TECHNICAL INFORMATION CENTER (DTIC)

a. WAS DTIC AND OTHER RESOURCES SEARCHED TO SEE IF SIMILAR SERVICES WERE PERFORMED PREVIOUSLY TO AVOID DUPLICATION?

(1) YES

(2) NO

(3) IF NO, WHY NOT?

b. WAS THE INITIATION OF THIS PROJECT/STUDY REPORTED TO DTIC?

(1) YES

(Attach DD 1498)

(2) NO

(3) IF NO, WHY NOT?

17. CODING DATA *(To be provided by sponsoring organization)*

a. PB 27 CATEGORY

b. RECOMMENDED PRODUCT SERVICE CODE

c. IS THIS A CONSULTING CONTRACT?

(1) YES

(2) NO

18. PROPERTY REQUIRED BY CONTRACTOR *(X as appropriate and enumerate by attachment.)*

a. GOVERNMENT

b. OTHER